

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/331,729

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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12		1				
13	1					
14	1					
15						
16			1			
17				1		
18				1		
19				1		
20				1		
21				4		
22				4		
23				4		
24				1		
25				1		
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50						
TOTAL IND.	3		4			
TOTAL DEP.	11		24			
TOTAL CLAIMS	14		28			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						